

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2		1					52	1
3		1					53	
4		1					54	1
5		2					55	1
6		2					56	1
7		2					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		2					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30		1					80	
31	1						81	
32		1					82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37		1					87	
38		1					88	
39		1					89	
40		1					90	
41		1					91	
42		1					92	
43		1					93	
44		1					94	
45		1					95	
46		1					96	
47		1					97	
48		1					98	
49		1					99	
50		1					100	
TOTAL IND.							TOTAL IND.	4
TOTAL DEP.							TOTAL DEP.	525
TOTAL CLAIMS							TOTAL CLAIMS	56